VERMONT

Office of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495-2086
www.ovha.state.vt.us

[Phone] 802-879-5900

Agency of Human Services

Health Care Program Coverage
July 15, 2009

SERVICE	MEDICAID/ DR. DYNASAUR FFS	MEDICAID/ DR. DYNASAUR PC PLUS	VHAP LIMITED FFS	VHAP PC PLUS
Ambulance	Y	Y	Y	Y
Certified Nurse Midwife	Y	Y	Y	Y
Chiropractic (Adult)	Y*	Y*	N	Y*
Chiropractic (Children)	Y*	Y*	N/A	N/A
Community Mental Health Center	Y	Y	Y	Y
Dental (Adult)	Y*	Y*	N	N
Dental (Children)	Y	Y	N/A	N/A
Dentures (Adult)	N	N	N	N
Dentures (Children)	Y	Y	N/A	N/A
Diabetic Supplies	Y	Y	Y	Y
Emergency Room	Y	Y	Y	Y
Eye Exams	Y*	Y*	N	Y*
Eyeglasses (Adults)	N	N	N	N
Eyeglasses (Children)	Y*	Y*	N/A	N/A
Family Planning	Y	Y	Y	Y
Gynecological Services (ob-gyn)	Y	Y	Y	Y
Hearing Aids	Y*	Y*	N	N
Home-Based Waivers	Y	N	N	N
Home Health Nursing	Y	R	Y	R
Home Health Aide	Y	R	Y	R
Hospice	Y	R	Y	R
Immunizations	Y	Y	Y	Y
Inpatient Hospital	Y	Y	Y	Y
Institution for Mental Disease	Y*	Y*	N	Y*
Lab Tests and X-rays	Y	Y	Y	Y
Medical Equipment (DME)	Y	Y	N	Y
Maxillofacial Surgery	Y	R	Y	R
Medical Supplies	Y	Y	N	Y
Mental Health Counselors	Y	Y	Y	Y
Naturopaths	R*	R*	R*	R*
Nurse Practitioners	Y	Y	Y	Y
Nursing Facility	Y	Y*	N	Y*

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Nutrition Therapy	Y	R	Y	R
Occupational Therapy	Y	R	Y	R
Ophthalmologist	Y	R	Y	R
Optometrist	Y	Y	Y	Y
Organ Transplants	Y	R	Y	R
Orthodontics (Adult)	N	N	N	N
Orthodontics (Children)	Y	Y	N/A	N/A
Orthotics	Y	Y	N	Y
Outpatient Hospital	Y	R	Y	R
Over-the-Counter Drugs	Y	Y	N	Y
Physical Therapy	Y	R	Y	R
Podiatry	Y	R	Y	R
Prescription Drugs	Y	Y	Y	Y
Primary Care Provider (PCP)	Y	Y	Y	Y
Prosthetics	Y	Y	N	Y
Psychiatrist	Y	Y	Y	Y
Psychologist	Y	Y	Y	Y
Psychiatric Hospital	Y*	Y*	N	Y*
Respiratory Therapy	Y	R	N	R
Specialist Services (non-PCP)	R	R	R	R
Speech Therapy	Y	R	Y	R
Substance Abuse Treatment	Y	Y	Y	Y
Transportation	Y	Y	N	N

Y = covered service; referral from a primary care provider (PCP) is not required

R = covered service; referral from PCP is required

N = non-covered service

Y* = covered service with limitations (see Limitations); referral from a PCP is not required

R* = covered service; referral from PCP is required unless Naturopath is PCP

NOTE: Many of the services/items listed above require prior authorization (PA). There may be other limitations or specific conditions required for coverage that are not included in the above chart. Beneficiaries

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should check with their providers about specific criteria for coverage. Providers may check with EDS about PA requirements and other limitations not noted here.

LIMITATIONS:

* **Chiropractic Care:** Coverage is limited to treatment by means of manipulation of the spine and then only if such treatment is to correct a subluxation of the spine. Chiropractic care is limited to 10 visits per patient per calendar year. Additional services require prior authorization. Chiropractic care for children under age 12 requires prior authorization.
* **Dental Care:** Dental care for adults includes a limited range of services up to an annual cap of $495.
* **Eye Exams:** Coverage for comprehensive eye exams and interim eye exams are limited to one exam every two years per beneficiary. A repeat comprehensive exam within 24 months requires prior authorization. All refraction exams are covered.
* **Eyeglasses:** Coverage (for children) for eyeglasses is limited to one pair of glasses every two years per beneficiary. Earlier replacement requires prior authorization. Eyeglasses must be purchased under the state's sole-source contract.
* **Hearing Aids:** Coverage for hearing aids is limited to one hearing aid per ear every three years for specified degrees of hearing loss. Prior authorization is required for more frequent requests for a hearing aid. Hearing aid repairs are limited to one repair/modification per aid per year. Prior authorization is required when a second or subsequent repair/modification is requested within 365 days of a previous repair/modification.
* **Medical Supplies:** For VHAP-Limited, coverage is limited to supplies that are incident to physician services furnished for acute conditions in the office or hospital outpatient setting.
* **Psychiatric Hospital/Institution for Mental Disease:** For Medicaid/Dr. Dynasaur fee-for-service, service is limited to beneficiaries either under age 22 or age 65 and over. For PC Plus members, both Medicaid/Dr. Dynasaur and VHAP, coverage is limited to 30 days per episode of illness and 60 days per calendar year. After 30 consecutive days, the service is no longer eligible for coverage.
* **Skilled Nursing Facility:** For Medicaid/Dr. Dynasaur PC Plus and VHAP PC Plus, coverage is limited to 30 days per episode of illness. After 30 consecutive days, the individual must meet Medicaid/Dr. Dynasaur long-term care criteria for continued coverage under Medicaid/Dr. Dynasaur Fee for Service.

COPAYMENT/COINSURANCE REQUIREMENTS (what the beneficiary must pay):

Copayments are never required for the following beneficiaries:

1. Patients living in a LTC facility
2. Those under age 18
3. Those who are pregnant or in a 60 day post-pregnancy period

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MEDICAID/DR. DYNASAUR FEE-FOR-SERVICE and MANAGED CARE

- $3.00 per visit for dental services for adults age 21 or older
- $3.00 per day per hospital for outpatient services
- $75.00 per inpatient hospital admission

- $1.00 for prescriptions costing $29.99 or less
- $2.00 for prescriptions costing $30.00 to $49.99
- $3.00 for prescriptions costing $50.00 or more

VHAP- LIMITED

- $25.00 per emergency room visit

- $1.00 for prescriptions costing the state $29.99 or less
- $2.00 for prescriptions costing the state $30.00 or more

VHAP MANAGED CARE

- $25.00 per emergency room visit

- $1.00 for prescriptions costing the state $29.99 or less
- $2.00 for prescriptions costing the state $30.00 or more

VPHARM and VSCRIPT

- $1.00 for prescriptions costing the state $29.99 or less
- $2.00 for prescriptions costing the state $30.00 or more